Fi			<u> </u>	. 10 YF				
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
FEE TRANSMITTAL				Application Number 10/516,387				
For FY 2009				Date	8/9/2005			
FOFFY 2009				First Named Inventor Robin John B			am	
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name		Zhu		
				Art Unit			<u> </u>	
TOTAL AMOUNT OF PAYMENT (\$) 1,110			Attorn	Attorney Docket 4623 - 04		45790		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order Other (please identify):								
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name:								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038,								
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
Í	RCH FEES	ES EXAMINATION FEES						
			Small Entity				Fees Paid (\$)	
Application Type Utility	Fee (\$) Fee (\$) 82	\$) <u>Fee (\$)</u> 540	<u>Fee (\$)</u> 270	<u>Fee (\$)</u> 220	<u>Fee (\$)</u> 110		rees r	'aid (\$)
•						_		
Design	220 110	100	50	140	70	_		
Plant	220 110	330	165	170	85	_		
Reissue	330 165	540	270	650	325	_		
Provisional	220 110	0	0	0	0			
2. EXCESS CLAIM FEES Fee Description						- F	ee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues) 52								26
Each independent claim					220	110		
Multiple dependent claims							390	195
Total Claims - 2			Fee (\$)	Fee Paid (\$)			Multiple Dependent Claims	
14	20 =	0 x	0 =	0		<u>I</u>	Fee (\$)	Fee Paid (\$)
HP = highest number of to	otal claims paid for, if	greater than 20.						
Indep. Claims - 3	or HP Ext	ra Claims	Fee (\$)	Fee Paid (\$)				
3	3 =	0 x	0 =	0				
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under								
37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof.								
See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Fytre Sheets Number of each additional 50 or fraction thereof Fee (S) Fee Paid (S)								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
- 100 = / 50 = (round up to a whole number) x =								
Non-English Specification, \$130 fee (no small entity discount)								Fees Paid (\$)
Other (e.g., late filing surcharge): Petition for Extension of Time (3 months)								
SUBMITTED BY Registration No.								
Signature /) What h (ham (Attorney/Agent) 28,498 Telephone 412-471-8815								
Name (Print/Type) Richard L. Byrne Date November 3, 2009								